

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE  
IN AND FOR NEW CASTLE COUNTY

IN RE: Asbestos Litigation :  
:   
LEWIS H. FISHER, et al. : C.A. No. 06C-10-232  
:   
:

**AMENDMENT TO COMPLAINT**  
**(Mailing Affidavit)**

**STATE OF DELAWARE:**  
**NEW CASTLE COUNTY:**

On December 21, 2006 , 2006 personally appeared before me,  
ATTORNEY NAME who by me being duly sworn did depose and say that:

1. He is the attorney of record for plaintiffs in the above-captioned case.

2. He did cause to be mailed by registered mail, return receipt requested, to the defendant, a corporation which is not a resident of the State of Delaware, a copy of the return of service of process by the Sheriff of Kent County on the Secretary of State of the State of Delaware, as well as a copy of the Original Complaint and the Notice required under 10 Del.C., Sec 3104:

Garlock Sealing Technologies, L.L.C.;

Garlock, Inc.;

Greene, Tweed & Co., Inc.;

Hobart Brothers Company;

Lincoln Electric Company;

John Bridge Sons, Inc.;

NOSROC Corporation, Individually and f/k/a G. & W. H.  
Corson and Calcite Quarry Corp.;

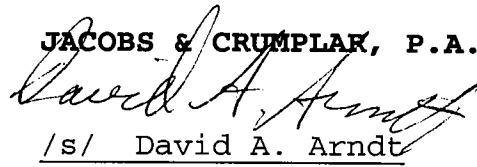
The H.B. Smith Company, Incorporated;

Bilmar Industrial Products, Inc.;

Uniroyal, Inc.

3. He herewith attaches a copy of the Post Office executed acknowledgment of receipt from the addressee.

**JACOBS & CRUMPLAR, P.A.**



By: /s/ David A. Arndt

David A. Arndt DE #3925  
2 East 7th Street  
P.O. Box 1271  
Wilmington, DE 19899  
(302) 656-5445  
Attorney for Plaintiffs

**SWORN TO AND SUBSCRIBED before me this 21<sup>st</sup> day of  
December, 2006 A.D.**



**NOTARY**

**STEPHANIE K. DOUGHERTY  
NOTARY PUBLIC  
STATE OF DELAWARE  
My Commission Expires Aug. 29, 2008**

S:\Asbestos\Plaintiffs\Fisher, Lewis H\Pleadings\Mling Aff fld122106.doc

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  <u>GARLOCK SEALING TECHNOLOGIES, L.L.C.</u> CT Corporation System 1300 East 9 <sup>th</sup> Street Cleveland, OH 44114		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	

DEC 19 2006

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☒ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes
L. FISHER  
PH

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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1. Article Addressed to:  <u>GREENE, TWEED &amp; CO., INC.</u> <u>Detwyler Road</u> <u>Kulpsville, PA 19443</u>		B. Received by (Printed Name) <i>Carole Stephens</i>	C. Date of Delivery <i>12/14/06</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to:  <u>HOBART BROTHERS COMPANY</u> <u>600 West Main Street</u> <u>Troy, Ohio 45373</u>		B. Received by (Printed Name) <i>Christina R. Haber</i>	C. Date of Delivery <i>12/14/06</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <p style="text-align: center; font-size: 2em;">SAME</p>	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to:  <u>LINCOLN ELECTRIC COMPANY</u> <u>2280 Saint Claire Avenue</u> <u>Cleveland, OH 44117 1199</u>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>RC 015324 348 US L. FISHER/PH</u>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:  <u>JOHN BRIDGE SONS, INC.</u> <u>9th &amp; Pennel Streets</u> <u>Chester, PA 19106</u>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>RC 015 324 475 US L. FISHER/PH</u>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NOSROC CORPORATION, Individually and formerly  
known as G. & W. H. CORSON, AND CALCITE QUARRY CORP.  
 CT Corporation  
 1635 Market Street  
 Philadelphia, PA 19103

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *N. Armstrong*☐ Agent☐ Addressee

B. Received by (Printed Name)

N. ARMSTRONG

C. Date of Delivery

12/14/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THE H. B. SMITH COMPANY, INCORPORATED  
 c/o Melville Chapin  
 47 Westfield Industrial Park  
 Westfield, MA 01085

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *W. Smith*☒ Agent☐ Addressee

B. Received by (Printed Name)

W. Smith

C. Date of Delivery

12-14-06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☒ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:  <u>BILMAR INDUSTRIAL PRODUCTS, INC.</u> 2705 West 6 <sup>th</sup> Street Chester, PA. 19014		B. Received by (Printed Name)	C. Date of Delivery  DEC 19 2006
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			

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1. Article Addressed to:  <u>UNIROYAL, INC.</u> C/o Corporate Headquarters 70 Great Hill Road Naugatuck, CT 06770-0359		B. Received by (Printed Name)	C. Date of Delivery  DEC 20 2006
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	
102595-02-M-1540			